

ACCEPTANCE TEST CHECKLIST

Date Documents Submitted: _____

Log No.: _____

File No.: _____

Plan Examiner: _____

Date of Approval: _____

Permit No.: _____

Property Information

Building Name: _____

Building Address: _____

Owner's Name: _____

Owner's Address: _____

Owner's Phone: _____ Fax: _____ E-mail: _____

System Designer/Contractor

Company Name: _____

Company Address: _____

Contact Person (Project Manager): _____

Phone: _____ Fax: _____ E-mail: _____

Fire Alarm Equipment Manufacturer and/or Distributor

Company Name: _____

Company Address: _____

Contact Person: _____

Phone: _____ Fax: _____ E-mail: _____

Name of System Programming Technician: _____

General☐ Yes ☐ No Building construction complete

If no, reason(s): _____

☐ Yes ☐ No Fire alarm system complete

If no, reason(s): _____

☐ Yes ☐ No Fire alarm system pre-testing complete

If no, reason(s): _____

☐ Yes ☐ No Fire protection and life safety system integrated with fire alarm system complete and pre-tested

If no, reason(s): _____

☐ Yes ☐ No Building (owner/developer) seeks temporary approval only

If yes, reason(s): _____

☐ Yes ☐ No Building (owner/developer) seeks final approval☐ Yes ☐ No Building occupants (if applicable) notified of fire alarm testing

Methods used for notification: _____



Building Use and Occupancy Classification

Occupancy, hazards and fire alarm system installation within building remain per approved plans dated: _____

☐ Yes ☐ No

If no, reason(s):

Documentation

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | System as-built plans, all devices and circuitry |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | System (operational sequence) matrix |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | System as-built riser diagram |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | System pre-test confirmation by installer and manufacturer |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | NFPA 72 record of completion, properly executed |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | NFPA 72 inspection and testing form, properly executed |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | System wiring inspection by appropriate (inspector) jurisdiction |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | System supervisory (monitoring) contract agreement |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Listing and/or approval agency certificates |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Testing and maintenance contract agreement |

If no, reason(s):

Testing Equipment

Equipment to be provided and available at time of testing by installing contractor

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Manufacturer's instructions |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Voltage meters |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Decibel meters |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Smoke detector testing equipment |
| | | Type: <input type="checkbox"/> Aerosol <input type="checkbox"/> Smoke <input type="checkbox"/> Magnet <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heat detector testing equipment |
| | | Type: <input type="checkbox"/> Hot air blower <input type="checkbox"/> Magnet <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Special equipment and tools (if necessary) available |



System Equipment and Observation

The following equipment and devices are properly located, accessible, and not obstructed and conform to approved plans:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fire alarm control panel |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Remote annunciator |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Manual pull box |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Graphic display |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Smoke detection |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heat detection |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | HVAC duct detection |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Notification devices |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sprinkler/standpipe system interface operational devices |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fire suppression alarm system interface operational devices |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Clean agent system interface operational devices |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Smoke control exhaust systems interface operational devices |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Egress door system unlocking interface operational devices |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Door hold-open release interface operational devices |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Adequate signs identifying system and component operation |

Other devices provided: _____

If no, reason(s):

System Testing

The following equipment, devices, relays, etc., properly tested and applicable functions verified for proper signals, operation, and annunciation:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fire alarm control panel power on (system normal) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fire alarm control panel no trouble condition |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fire alarm control panel no supervisory condition |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Manual pull box |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Smoke detection |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Smoke detection verification feature |
| | | <input type="checkbox"/> Immediate signal <input type="checkbox"/> 15 sec. delay <input type="checkbox"/> 45 sec. delay <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heat detection |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | HVAC duct smoke detection |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sprinkler system waterflow |
| | | <input type="checkbox"/> Immediate signal <input type="checkbox"/> 15 sec. delay <input type="checkbox"/> 45 sec. delay <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Voltage drop verification, initiating device circuit |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Voltage drop verification, signaling line circuit |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Voltage drop verification, notification appliance circuit |

Testing (fail) deficiencies: _____

Corrective action: _____



System Operational Sequence

Equipment devices, relays, etc., identified above in system testing verified for operational sequence:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Activation of audible devices |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Verify audible synchronization |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Verify adequate sound levels above ambient |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Activation of visual devices |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Verify proper candela rating and visual effects |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Activation of pre-recorded voice messages |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Verify adequacy and intelligibility of pre-recorded voice message |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Activation of door hold-open devices, verify closing of doors |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Verify visual synchronization |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Activation of fire shutter, verify closing of shutters |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Activation of elevator(s) recall functions to appropriate floor |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Activation of smoke exhaust system(s), verify fan and damper operation |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Activation of stairway pressurization system(s), verify air movement |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Activation of egress unlocking devices, verify unlocking of doors |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Activation of waterflow test valves, verify alarm device |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Activation of sprinkler control valve, verify supervisory signal |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Activation of fire pump, verify alarm, supervisory, and trouble signals |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Activation of fire suppression systems, verify alarm signal |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Activation of clean agent systems, verify alarm signals |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Activation of HVAC duct detectors, verify HVAC unit shutdown |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Activation of control devices, low-level lighting, verify operation |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Activation of control devices, high sound levels, verify operation |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Verify alarm, supervisory, and trouble retransmission signals to monitoring station |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | System loss of ac power, verify operation standby power |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fire department communication systems, verify operational readiness |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fire department building access devices (key/lock-box) |

Testing (fail) deficiencies: _____

Corrective action _____

Approval

Date system left in operational condition: _____

Inspector: _____

Approved ☐ Yes ☐ No

If no, reason(s):

